

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

## INDEX OF CLAIMS

BES

APY

Reported

Allowed

Canceled

Reinstated

Through payment

Claim

Final

Original

1

2

3

4

5

6

7

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Claim

Final

Original

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100

Claim

Final

Original

101

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103

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107

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If more than 150 claims or 10 actions  
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